Foster Family Home - Corrective Action Report Provider ID: 1-564189 Home Name: Betty Rumbaoa, CNA Review ID: 1-564189-7 91-1020 Nihopeku Street Reviewer Jackie Chamberlain Kapolei 96707 Begin Date 9/29/2020 Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter, and Comment 6(d)(1) Home inspection made for a 2 bed annual inspection, corrective action required to CTA within 30 days Foster Family Home Client Rights [11-800-53] 53.(b)(15) Have daily visiting hours and provisions for privacy established Comment 53.(b)(15) visiting hours state limited to 9-4:30 Per "My choice my way" visiting hours cannot be restricted

Foster Fami	lly Home Records	[11-800-54]	
54.(c)(5)	Medication schedule checklist;		
54.(c)(6)	social worker monitoring flow sheets, clier	rvices through personal care or skilled nursing daily check list, RN and it observation sheets, and significant events that may impact the life, on of services to the client, including but not limited to adverse events.	100
Comment			

54.c.5 Medication discrepancy for client #1 - 1 medication prescription label did not match medication administration record. Risperdal ordered for daily on prescription bottle and last signed MD order but on MAR is "as needed " and has been given approximately weekly. An Adverse event form is required to CMA

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since June for client # 1

9/30/2020 17:58 PM

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Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate:

Betty Rumbaoa

(PLEASE PRINT)

CCFFH Address:

91-1020 Nihopeku St., Kapolei, HI 96707

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
11-800-53 i1-800-54 C)(5)		9-30-20	T 20010 T 701 0 P
_/			

\checkmark	All items t	hat were	fixed are	attached t	to this	CAP

PCG's Signature:

Getty V. Rumboon

Date: 10/2/20

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Betty Rumbaoa

(PLEASE PRINT)

CCFFH Address:

91-1020 Nihopeku St., Kapolei, HI 96707

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
11-800-54 (C)(U)	PCG transferred weekly intols to efficial flow steet. PCGs requested New-copies of flow sheet form to Case haragement + make enough copies.		that the hone will have sufficient copies of all forms. The PCG will write directly on the flow that I write on separate paper like patient calendar.

All item	ns that were fixed a	re attached to this CAP	
— PCG's Signa	ture: Bitty	1. Rumpaon	